



Behavioral
Health
Division

BEHAVIORAL HEALTH DIVISION – DEVELOPMENTAL DISABILITIES SECTION

Medication Assistance Training Survey



Trainer Name: _____ Date: _____

Location of Training: _____

Please check one: ☐ You are a staff member in an Organization (Name of Organization: _____)

☐ You are an Independent Provider

To help us serve you better, place complete this survey and return it to your Trainer. Thank you!

		Strongly Agree			Agree		Disagree		Strongly Disagree		
		10	9	8	7	6	5	4	3	2	1
Curriculum Delivery	Instructor delivered the content in a clear and understandable format.										
	Instructor taught the course in a way that made the content interesting and useful.										
	Instructor used aids – charts, diagrams, whiteboard, slides, etc. to help me learn the material.										
	The instructor used anecdotes, demonstrations, and/or hands-on practical applications to help me understand the course content.										
Instructional Design	It was clear the instructor knew the subject matter in this course well.										
	The instructor clearly defined and taught the learning objectives.										
	The instructor organized the lesson objectives so that I knew what I was expected to learn.										
Classroom Management	The instructor worked to create a classroom environment of mutual respect.										
	The instructor worked to create a collaborative environment.										
	I felt the instructor encouraged me to participate in class discussions and answered my questions fully.										
	The instructor was well-prepared, organized, and started class on time.										
	The instructor clearly stated the expectations and followed through on enforcing them.										
Column Totals											
Total Score											

Comments: